

National Association of Area Agencies on Aging (n4a)

2005 White House Conference on Aging

Proposed Resolutions

WHCOA Topic Area: Our Community

Issue: Expansion of the Older Americans Act to Meet Current and Future Needs

Overview of Current Issue Status: In 2005, the Older Americans Act (OAA) is celebrating 40 years of enabling older Americans to live independently in their communities and avoid premature institutionalization. Since 1965, this legislation has created an Aging Network comprised of the federal Administration on Aging, 53 State Units on Aging, 650 Area Agencies on Aging (AAAs), and 240 Title VI Native American aging programs who work in partnership with their local providers. The Aging Network is committed to, and with adequate resources capable of, meeting the service demands of our aging nation. It is one of the most cost-effective and innovative components of this country's long-term care system, leveraging \$2 from other sources for every \$1 of federal funds received. Older Americans Act programs successfully target low-income seniors, minority elders, older adults living in rural areas, as well as those in greatest social and economic need.

Challenges: In 2006, the first of the 77 million baby boomers will reach age 60, the age of eligibility for most OAA programs. This aging boom is also a longevity boom. Seniors with a longer life-span will require services over a longer period of time, and many of these service needs will be extensive. At a time when the need for aging information and services is increasing exponentially, Older Americans Act resources remain at 1980 levels. Federal allocations for Older Americans Act programs have not kept pace with either the rising demand for or the rising costs of providing services.

Resolution:

- Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging.
- Increase authorization levels for all of the titles in the Older Americans Act by a minimum of 25%, ensuring necessary resources to adequately serve the projected growth in the numbers of older Americans, particularly the growing ranks of the "old-old," those age 85+, who are the most frail, vulnerable and in the greatest need for aging supportive services.
- Allow for the maximum amount of flexibility in the allocation of resources and the provision of services under Title III so that Area Agencies on Aging and Title VI Native American programs can most efficiently and effectively meet the growing and changing needs in their community.

- Create a new title within the Older Americans Act to authorize State Units on Aging, Area Agencies on Aging and Title VI Native American programs to proactively help communities prepare for the aging of the baby boomers, using their expertise and close working relationships with local elected officials and community providers to foster livable communities.
- Expand Title III-E to allow agencies to serve grandparents and older adults who are providing care to adult children with disabilities, and change the definition of “kinship” in the National Family Caregiver Support Program to also include non-blood relationships.
- Include a provision under Title V of the Act that would require a comprehensive study of current and future senior employment needs to coordinate efforts in the public, private and nonprofit sectors to best promote and support the recruitment, training and retention of the growing ranks of older adults who wish to remain employed.
- Increase authorization of funding of Title VII of the Act to enhance the Aging Network’s capacity to train law enforcement officials and medical staff about elder abuse and neglect; broaden public education and create community involvement campaigns that are culturally appropriate; and facilitate coordination among all professionals and volunteers involved with the prevention, detection, intervention and treatment of abuse and neglect of vulnerable older adults.
- Include statutory language in the Older Americans Act that increases support to the Aging Network to promote senior mobility, expand cost-effective transportation options, and facilitate coordination of human services transportation.
- Create under Title IV of the Act a national education and training program for Area Agencies on Aging and Title VI Native American program directors and aspiring directors that would reinforce and broaden the capacity of Aging Network leaders to meet the challenges of serving the rapidly expanding and culturally diverse older population.
- Support educational training in gerontology and geriatrics in the health and social services professions.
- Permanently authorize Aging and Disability Resource Centers within every planning and service area in the nation, giving Area Agencies on Aging the right of first refusal to be designated as the Aging and Disability Resource Center within their service area.

WHCOA Topic Area: Our Community
Issue: Creating Livable Communities

Overview of Current Issue Status: The United States is facing the aging of the largest demographic cohort in its history. In the next 25 years, the number of older Americans will rise from 12.6% of the U.S. population to 20%. Over the course of the next three decades, aging boomers will have a direct and dramatic impact on every community in the nation: they will affect local aging, health, human services, land use, housing, transportation, public safety, workforce development, economic development, education/lifelong learning and volunteerism/civic engagement policies, programs and services. The Older Americans Act has successfully established a national infrastructure whose core mission is to plan and coordinate for the aging population. The expertise of the Area Agencies on Aging and Title VI Native American programs, whose partners include local elected officials and other local agencies, make them the logical choice to engage stakeholders in developing strategies for livable communities and disseminating best practices nationwide.

Challenges: Despite the demographic forecast, few communities have begun to prepare for the aging of their population. There are no federal, state or local efforts underway that are charged with taking a systematic and comprehensive approach to addressing, developing, and implementing innovative changes that must occur over the next ten years in order to prepare for the aging boomers. Additionally, communities will have missed a great opportunity if they fail to take advantage of the tremendous potential of this new generation of healthy and productive seniors. At the same time, failure to take into account the diversity, poverty and frailty of many seniors will leave communities ill-equipped to address their needs on a large scale and result in greater expenditures in the long run.

Resolution:

- Create a new title within the Older Americans Act to authorize State Units on Aging, Area Agencies on Aging and Title VI Native American programs to proactively prepare for the aging of the baby boomers using their expertise and close working relationships with local elected officials and community providers to foster livable communities for all ages.
- Fund the new title on a non-formula basis with a baseline level of funding, and provide additional formula-based funding to increase subsidies to more heavily populated service areas with a 25% match requirement.
- Establish a National Resource Center on Aging in Place to provide the necessary guidance, training and technical assistance to Area Agencies on Aging and Title VI Native American programs to support their efforts to assist communities in developing livable communities for all ages.
- Evaluate outcomes and allow for the new title to sunset after ten years if community preparedness goals have been achieved.

WHCOA Topic Area: Health and Long-Term Living
Issue: Healthy Aging at the Grassroots Level

Overview of Current Issue Status: Increases in the prevalence of chronic conditions and co-morbidity are leading to a growing number of older persons with functional limitations. The frail elderly are not just growing in numbers; they are also, thanks to medical advances, living longer. Evidence-based research proves that health promotion and disease prevention not only contribute significantly to an individual's quality of life, but also are a cost-effective means of reducing acute or chronic care costs. The U.S. Administration on Aging is currently piloting evidence-based disease prevention programs through Area Agencies on Aging and their community partners to disseminate scientific information at the grassroots level and replicate successful prevention programs in non-clinical settings.

Challenges: Title III-D of the Older Americans Act provides funding for disease prevention and health promotion services that are increasingly important and merit strengthening. Current funding levels, however, hinder the ability of AAAs to offer health promotion activities on a large scale at all local senior centers, nutrition sites and local aging service programs.

Resolution:

- Authorize \$50 million in funding for Title III-D Health Promotion of the Older Americans Act, with \$10 million of the appropriation set aside to pilot community-based efforts through Area Agencies on Aging and local aging and healthcare providers to promote disease prevention services.
- Promote and integrate physical activity throughout the Aging Network so that all older adults and Aging Network providers are aware of the benefits of even moderate physical activity.
- Advocate that public health funding be available for senior wellness programs as well as Medicare preventive health coverage, to promote healthy aging and reduce future disease-related costs.
- Encourage greater coordination between AAAs and local health departments to promote a range of health promotion and disease prevention programs for older adults.

WHCOA Topic Area: Health and Long-Term Living
Issue: Making the Modernization of Medicare a Reality

Overview of Current Issue Status: Medicare was implemented by Congress as a recommendation from the 1961 White House Conference on Aging. The program currently serves over 41 million people and is the primary source of health coverage for individuals over the age of 65. The Medicare Modernization Act of 2003 significantly changed traditional Medicare benefits, creating a new Medicare Part D that provides prescription assistance for the first time. This Medicare prescription drug benefit is to be implemented in January 2006. The Aging Network has a long-standing track record of successfully providing assistance, benefits counseling and easy-to-understand information to millions of older adults, especially rural seniors, minority elders and those with low-incomes. The Aging Network is in a unique position to provide education and enrollment assistance on the new benefit to Medicare beneficiaries at the local level.

Challenges: The roll out of the new Medicare Prescription Drug Benefit will require a comprehensive and concerted effort on the part of a myriad of agencies and organizations to ensure that all Medicare beneficiaries and their caregivers have access to the information, one-on-one counseling and enrollment assistance they need to choose the best prescription drug benefit for themselves or for their loved one. Experience with discount drug card enrollment last year has proven that one-on-one assistance counseling is the best method to help older adults make educated decisions about which prescription drug benefit is best for them. This type of assistance poses major challenges for community organizations with limited resources, given the current timeline and penalties for those who do not enroll on schedule. The short time frame intensifies the need to reach as many beneficiaries as possible with timely and accurate information.

Resolution:

- Strengthen the partnership between CMS and the Administration on Aging and their efforts to engage Area Agencies on Aging and Title VI Native American programs in educating beneficiaries about the new Medicare changes and benefits. Allocate additional and adequate resources to meet the rise in demand for quality information and one-on-one assistance through the Area Agencies on Aging and State Health Insurance Counseling Program (SHIPs) about the Medicare Part D prescription drug benefit.
- Update Medicare to place greater emphasis on establishing cost-effective linkages to home and community-based options through the Aging Network to promote chronic disease management, and increase health promotion and disease prevention measures.

WHCOA Topic Areas: Health and Long-Term Living
Issue: The Community-Based Solution to Medicaid

Overview of Current Issue Status: The Medicaid program is the nation's major public health insurance program and the primary public funding source of long-term care services for over 13 million older adults and people with disabilities. Medicaid long-term care services account for more than 40% of all national long-term care expenditures and 60% of all nursing home care.

Challenges: A 2000 study by the Assistant Secretary for Planning and Evaluation at the US Department of Health and Human Services found that Medicaid could provide home and community-based services to five individuals for the same cost as providing nursing home care to one. However, Medicaid long-term care expenditures remain predominantly targeted to institutional care. Despite the fact that Americans prefer to remain in their own homes and communities, current Medicaid policy still requires "special permission" for care at home, leading states to request a waiver of Medicaid requirements in order to provide home and community-based services. Additionally, not all states have spousal impoverishment protections for care in the home rather than an institution, placing spouses who care for their loved one at home at risk of poverty.

Resolution:

- Reform Medicaid at the fundamental level to develop a system of care that provides for consumer access to services in a home or community environment first, eliminating the need for special "waivers."
- Retain protections for access to health and long-term care services for all eligible low-income seniors and persons with disabilities, and guarantee consumer and spousal impoverishment protections.
- Preserve the open-ended federal match funding structure that allows Medicaid to be responsive to fluctuations in the economy and state-specific changes in health care needs.
- Advance the Olmstead decision to facilitate consumers' access to the most appropriate services in the least restrictive environment, and the commitment made by the President in the "New Freedom Initiative" to rebalance Medicaid long-term care primarily through the expanded availability of home and community-based services.
- Ensure that any efforts to reform the provision of Medicaid home and community-based services recognize and support the range of services that older adults need to remain independent — from social interventions to more medically oriented assistance.
- Ensure that any Medicaid reform efforts recognize the effective role that the Aging Network has played in providing home and community-based services for over 40 years.

WHCOA Topic Area: Planning along the Lifespan
Issue: Maintaining the Integrity of Social Security

Overview of Current Issue Status: Social Security has successfully served as the cornerstone of the nation's income protection system for nearly 70 years. It remains the bedrock of retirement security for over 47 million beneficiaries in America, including retired workers, their survivors and dependents, and disabled workers with permanent disabilities. Over its long and successful history, Social Security has not contributed one dollar to the national deficit.

Challenges: Strengthening and protecting the future of Social Security for all Americans is made more critical by the aging of the baby boomers. However, changes to Social Security should be done in an environment that emphasizes an open dialogue with Americans of all ages, including our nation's most frail and vulnerable who rely most on Social Security benefits.

Resolutions:

- Maintain the social insurance structure of the Social Security program by maintaining benefits as an earned right, directly linked to previous earnings and contribution levels and guaranteed to all contributors and their dependents.
- Ensure that changes made to address the long-term Social Security shortfall are given thorough consideration and maintain the structural integrity of the system.
- Initiate bipartisan efforts to ensure the solvency of Social Security that do not weaken the program through a diversion of any portion of payroll taxes into private investment accounts.
- Undertake a national educational effort following any Social Security reform process to educate and inform beneficiaries of all ages on the changes made to Social Security and how they will be affected.

WHCOA Topic Area: Our Community
Issue: Educating the Aging Leaders of the Future

Overview of Current Issue Status: The Aging Network is forecast to lose more than a third of its local leaders over the next ten years as a result of retirement, attrition and other factors. Many of these leaders have been providing Older Americans Act services since its inception. With their departure goes a wealth of institutional knowledge and experience in providing aging services in an innovative and cost-effective manner.

Challenges: The increased demographic demands on aging services in the next decade make it crucial that a pool of highly trained, effective leaders remain available to continue the critical work of the Area Agencies on Aging and the local Aging Network.

Resolution:

- Establish a national education and training program for the Aging Network under Title IV Education and Training in the reauthorization of the Older Americans Act to reinforce and broaden the capacity of Aging Network leaders to meet the needs of a growing and diverse older population.
- Encourage educational training in gerontology and geriatrics in the health and social service professions.
- Broaden national efforts to recruit, train and retain an adequate workforce of skilled service providers in order to provide Aging Network services that are culturally and linguistically appropriate and accessible to both urban and rural populations.

WHCOA Topic Area: Marketplace
Issue: Improving Transportation/Mobility Options

Overview of Current Issue Status: The growing ranks of older drivers in the decades ahead will pose challenges for older adults, their caregivers, aging service providers and communities at large. Expanded efforts are needed to assist older drivers and aging boomers remain on the road for as long as safely possible, and to provide safe, reliable and convenient transportation for those for whom driving is no longer an option. A survey on transportation provided by the Aging Network indicated that 38% of older adult respondents rely on Older Americans Act transportation services for all or nearly all their local transportation and an additional 25% rely on these services for at least half of their transportation.

Challenges: Transportation is the linchpin that provides older adults with access to their community and the supports and services it offers. However, access to adequate transportation is a critical concern for many older adults — especially those with mobility limitations. Eighty percent (80%) of the older adult population live in suburban and rural areas where destinations are often too far to walk. In many communities, public transit is poor or unavailable. Taxis are costly and special services are limited. Less than half of households in urban and suburban areas are within a half-mile of a public transportation stop, and only one in eight households in rural areas are within a half-mile of public transportation. Transportation problems are closely correlated with poor income, self-care problems, isolation and loneliness, and reduced mobility places an older person at higher risk of poor health.

Resolution:

- Include statutory language in the Older Americans Act that increases support to the Aging Network to promote senior mobility, expand cost-effective transportation options, and facilitate coordination of human services transportation.
- Enhance, coordinate and adequately fund the vast array of transportation services at the federal, state and local levels to provide viable and affordable options for the growing population of older adults who need services.
- Examine and expand existing public transit systems to improve accessibility and availability to older adults especially in suburban and rural communities where fixed route services are less accessible.
- Support increased funding and flexibility for the Federal Transit Agency's *Section 5310* program, which funds transportation programs for older adults and persons with disabilities.
- Advance the provision of non-emergency medical transportation as an allowable expense under Medicare.

- Expand pilot programs that rely on volunteer drivers.
- Promote an expanded continuum of mobility options that ensure a pedestrian and transit user-friendly environment, and develop corresponding standards that can be easily implemented into local building and zoning regulations.
- Expand the capacity of local Aging Network older driver safety programs, which include referral, assessment, rehabilitative and regulatory programs, to adequately outreach to and educate older drivers and their families across the nation and enable functionally limited older adults to drive safely.
- Ensure that local, state and federal disaster plans address the transportation needs of persons of all ages, with emphasis on meeting the special needs of older adults and persons with disabilities, who do not have their own means of transportation or can not transport themselves without assistance during an evacuation.

WHCOA Topic Area: The Workplace of the Future
Issue: A Future for the Older Worker

Overview of Current Issue Status: Surveys indicate that 65% of Americans over age 65 believe that there are not enough job opportunities available to them to achieve or maintain economic independence. The majority of workers age 50 to 70 say that they intend to work during retirement or never retire at all. The US Census Bureau predicts the number of Americans 50 and over will increase by 31 million by the year 2020 to a total of 118 million. Given the importance that older workers will play in the workforce and the need to support a growing older population, the nation needs to take a comprehensive look at the impact of aging demographics on the workforce.

Challenges: Older workers are valuable resources and help to maintain an experienced, skilled and competitive workforce, but may require work skills training or retraining, and more flexible work options and employee benefits. There are currently only two leading federally supported programs that provide assistance to older workers, Title V of the Older Americans Act and the Workforce Investment Act (WIA), although, currently, WIA tends to focus on younger workers.

Resolution:

- Include a provision under Title V of the Older Americans Act requiring a comprehensive study of current and future senior employment needs.
- Ensure that such a study examines Title V, the Workforce Investment Act, all federal employment programs, and other public and private sector opportunities to create older worker–friendly practices.
- Implement the results of the study to best promote and support the recruitment, training and retention of the growing ranks of older adults who wish to remain employed.
- Enact federal, state and local policies to support the costs of training, retraining and retention of the older population to ensure older worker participation in a variety of employment and training programs.
- Take advantage and expand the capacity of existing expertise within the Aging Network to assist policymakers and communities in maximizing the economic potential of older workers.

WHCOA Topic Area: Health and Long-Term Living
Issue: A Response to Long-Term Care Workforce Shortages

Overview of Current Issue Status: The paraprofessional long-term care workforce of two million nursing assistants, home health aides and personal care workers forms the centerpiece of the formal long-term care system. Nationally, job vacancy within the long-term care workforce can be as high as 32% on a daily basis. Turnover can be as high as 140% annually at a cost of \$1,400 to \$3,900 per direct care worker for recruitment, training, increased management expenses and lost productivity. Demographic, economic and policy trends suggest that without a serious and sustained intervention, the inadequate supply of frontline workers will remain a problem and even worsen over the next few decades.

Challenges: Low wages and benefits, difficult working conditions, heavy workloads, few options for training, limited potential for advancement, and a job that has been stigmatized by society make recruitment and retention of workers difficult, even when unemployment rates are high. According to the US Bureau of Labor Statistics, by 2010 more than 780,000 additional aides must be found to fill direct care positions. Reports show that workers in understaffed environments may experience higher levels of stress and frustration, potentially leading to poorer quality of care and circumstances in which workers may become prone to neglectful and abusive behavior.

Resolution:

- Establish a national strategy, integrating federal, state and local policy, into a comprehensive system of long-term care support and services that addresses the underlying causes of the workforce shortage in long-term care.
- Build flexibility into national, state and local development of long-term care policy and systems to help expand the potential pool of workers, taking into account family and informal caregivers, consumer-directed care, and the diversity of the older population.
- Create incentives in federal, state and local labor policies for individuals to participate in training and seek employment within the long-term care industry.
- Encourage cross-departmental dialogue among the Department of Health and Human Services, the Department of Labor and the Department of Education to address long-term care workforce shortage strategies.
- Ensure “self-sufficient” wages, health insurance and other benefits, balanced and safe workloads, job redesign and opportunity for advancement, employee support, and more appropriate training standards to encourage workers of all ages, both men and women, to become direct care workers.

WHCOA Topic Area: Our Community
Issue: A New Definition of Kinship Care

Overview of Current Issue Status: The National Family Caregiver Support Program (NFCSP) was created by Congress in the 2000 Amendments to the Older Americans Act to recognize the complexities of caring for family members, loved ones and friends. A provision under the NFCSP allowed for caregiver support services to be available to grandparents or older individuals who are relative caregivers for a child age 18 and under. Eligibility guidelines, however, preclude assistance to caregivers 60 years or older who are caring for disabled individuals between the ages of 19 to 59. The majority of disabled adults has been raised at home and continues to live at home with an older caregiver. Older caregivers of adult children with disabilities could greatly benefit from the financial, physical and emotional supports provided through the NFCSP, and in turn, their care recipients could avoid unnecessary institutionalization.

Challenges: The current definition of “kinship” in the National Family Caregiver Support Program only refers to blood relationship. However, the definition of “family” varies from group to group: some cultures in the U.S. have a rich tradition of cooperative networks of care that include members of the extended family as well as non-blood kin and neighbors who can serve as a “family.” Those relationships serve as a better alternative to state-funded foster care but are not recognized under current legislation.

Resolution:

- Expand Title III-E of the Older Americans Act to allow agencies to serve grandparents and older adults who are providing care to adult children with disabilities ages 19 to 59.
- Revise the definition of “kinship” in the National Family Caregiver Support Program to include non-blood relationships.
- Double the initial \$125 million appropriation for the NFCSP to ensure that thousands more caregivers and their families, as well as business and the long-term care industry, benefit from this vital program.

WHCOA Topic Area: Health and Long-Term Living
Issue: Nutrition and Wellness for a New Generation of Seniors

Overview of Current Issue Status: Over three million older Americans participate in senior meal programs each year under the Older Americans Act. Meals are provided to individuals who need them most. Seventy-three percent (73%) of home-delivered meal recipients are at high nutritional risk and 62% of them receive one half or more of their daily food intake from their home-delivered meal. Forty-three percent (43%) of congregate meal recipients are at high nutritional risk and 58% receive one-half or more of the daily food intake from their congregate meal.

Challenges: In addition to seniors participating in Older American Act nutrition services, an estimated four million more older Americans suffer from food insecurity or the inability to afford, prepare or gain access to food. Good nutrition is essential to maintaining cognitive and physical functioning and plays an essential role in the prevention or management of many chronic diseases such as heart disease, cancer, stroke, diabetes and osteoporosis. The provision of nutrition services is especially important to ethnic minority older adults, who tend to have a higher incidence of chronic disease.

Resolution:

- Expand and revitalize community senior nutrition programs (reassess and possibly redesign menus, service delivery methods and ancillary services offered) to better meet the specialized nutrition needs of an increasingly ethnically diverse population and individuals with multiple health conditions.
- Enhance resources to meet the increasing demand for home-delivered meals resulting from the growth of the 85 and older population which is expected to double by 2020.
- Support efforts to expand on the Senior Farmers Market Nutrition Pilot Program by building on collaborative efforts between local service providers and farmers to improve access by older adults to healthy and nutritious foods.
- Promote and integrate support for physical activity throughout the Aging Network so that all older adults and Aging Network providers are aware of the health benefits of even moderate physical activity.
- Advocate that public health funding be available for senior wellness programs, as well as Medicare preventive health coverage, to promote healthy aging and reduce future disease-related costs.
- Acknowledge that while the main goal of the Older Americans Act nutrition program is to feed older persons in need, it also plays an invaluable role in giving participating

seniors the opportunity to socialize and remain engaged in their community, and is a life-saving opportunity to provide the isolated senior with regular human contact.

WHCOA Topic Area: Our Community

Issue: Increased Supports for the Family Caregiver

Overview of Current Issue Status: Eighty percent (80%) of all home care services in the country are provided by family and informal caregivers. 33.9 million Americans provide unpaid care to persons age 50 and older. Caregivers currently provide nearly \$257 billion of unpaid care annually. This amount of care would be unaffordable if it had to be provided through Medicare, Medicaid or the traditional health care system. In light of aging demographics in the United States, it is critical to support caregivers. The cost of informal caregiving in terms of lost productivity to US businesses is approximately \$11.4 billion annually.

Challenges: Despite vast research on family caregivers, widespread awareness of the volume of family care, and general agreement that family care is necessary to balance the costs of long-term care, a comprehensive policy on informal caregiving has not emerged. The National Family Caregiver Support Program (NFCSP), created by the Older Americans Act amendments of 2000, has made significant progress in developing the foundation of a national network of supports for informal caregiving. This program, however, currently only reaches a small percentage of caregivers. The upcoming cohort group may find it even more difficult to assume the demands of family caregiving and work.

Resolution:

- Double the initial \$125 million appropriation for the NFCSP to ensure that thousands more caregivers and their families, as well as business and the long-term care industry, benefit from this vital program.
- Offer a range of financial and other incentives, including tax credits/deductions and cash vouchers to all family caregivers, and affordable health insurance and guaranteed retirement security for individuals who leave the workforce to provide care to a family member.
- Promote consumer direction in long-term care that gives individuals and their families maximum choice and control over their care and services.
- Ensure that family caregivers of adults with physical, as well as cognitive, impairments have resources and programs to support them.
- Take advantage of information technology to improve access to and information about caregiver support services and community resources.
- Reduce the long-term care workforce shortage by taking into consideration the cost-effectiveness of supporting the informal caregiving system.

WHCOA Topic Area: Our Community
Issue: Strengthening Elder Abuse Prevention

Overview of Current Issue Status: Studies show that between 3% and 5% of the elderly population have been abused. The Senate Special Committee on Aging estimates that there may be as many as five million elder abuse victims every year. For each new incident of elder abuse, neglect, or self-neglect reported, studies indicate that four or five incidents are unreported. Reports of abuse have consistently increased over the past ten-year period.

Challenges: No existing federal law comprehensively addresses elder abuse and neglect, from prevention to intervention to prosecution. This problem will only be exacerbated by the rapid growth of the aging population. While individuals and agencies comprising the Aging Network are dedicated to protecting older adults against abuse, exploitation and neglect, they often do so within a fragmented system and with limited resources.

Resolution:

- Increase authorization of funding of Title VII of the Older Americans Act to enhance the Aging Network's capacity to train law enforcement officials and medical staff about elder abuse and neglect; broaden public education and create community involvement campaigns that are culturally appropriate; and facilitate coordination among all professionals and volunteers involved with the prevention, detection, intervention and treatment of abuse and neglect of vulnerable older adults.
- Strengthen and eliminate barriers among the federal, state, and local elder abuse laws to allow the justice system to take into account the special nature of victims, the crimes committed against them, and the perpetrators.
- Provide adequate funding at the federal, state and local level to develop and enhance elder abuse prevention services and adult protective services.
- Research the causes of abuse, neglect and exploitation while acknowledging that many forms of these activities are crimes and should be treated as such.
- Support mental health policies and programs that address the needs of both victims and perpetrators.
- Provide incentives to establish neighborhood watch programs and other mechanisms to provide assistance and referrals.
- Promote recruitment, continued training and support for the network of volunteers serving in the adult protective services system.

WHCOA Topic Area: Health and Long-Term Living
Issue: Parity for Mental Health Services

Overview of Current Issue Status: Nearly 20% of people age 55 and older experience mental disorders that are not part of normal aging. These mental disorders can range from problematic to disabling to fatal. The rate of suicide among older adults is higher than that for any other age group. The suicide rate for persons 85 years and older is the highest of all at twice the overall national rate. A substantial number of older adults experience mental health disorders or problems for the first time late in life but under-utilize mental health services.

Challenges: The provision of crucial mental health services is impeded by fragmented and inadequate funding; lack of coordination and collaboration among primary care, mental health, and aging services providers; staff shortages that are exacerbated by lack of training in geriatric mental health; and ongoing stigma.

Resolution:

- Increase collaboration among mental health services providers and streamline federal, state and privately financed mental health services to coordinate and strengthen existing service and delivery systems.
- Promote prevention and early intervention measures that increase collaboration among acute and long-term care providers.
- Provide incentives for recruitment and training of a diverse group of geriatric mental health professionals and paraprofessionals within the fields of medicine, mental health and social services.
- Increase public awareness to reduce the stigma surrounding mental health.
- Increase mental health and aging research to improve understanding of the biological, behavioral, social and cultural factors related to mental illness, especially for at-risk and underserved populations.
- Encourage greater consumer advocacy and involvement in issues of access, range and quality of mental health services.
- Ensure that mental health professionals acquire adequate knowledge of the cultural background and values of the ethnic minorities they serve, enabling them to tailor their service approaches to the consumer.
- Ensure comprehensive parity requirements that would require group health plans to treat mental health benefits the same as medical and surgical benefits.

- Eliminate discriminatory co-payment rates for outpatient psychiatric services under the Medicare program.
- Provide annual depression screening and waive deductibles and coinsurance for depression screening under the Medicare program.
- Initiate demonstration grants under the U.S. Administration on Aging to foster mental health screening and treatment services to the aging population including suicide intervention, prevention and depression screenings.

WHCOA Topic Area: Marketplace
Issue: Meeting the Demand for Senior Housing

Overview of Current Issue Status: As home and community-based care continues to evolve as the preferred choice of older Americans for long-term care services, the important role that housing plays in the continuum of care must be recognized. A wide range of housing issues confront older adults and policymakers must identify and implement the means to address them.

Surveys show that more than 90% of persons age 65 and over wish to remain in their homes for as long as possible. Affordable senior housing, however, is becoming scarcer, and existing stock is in great need of repair, rehabilitation or modernization. Millions of older adults live in housing that is in poor condition or fails to accommodate physical disabilities. Older adults spend a disproportionately large portion of their incomes for shelter, with HUD estimating that 1.4 million very low-income elderly people pay more than 50% of their income for housing or live in substandard housing.

Challenges: Housing problems are endemic to both older adult homeowners and renters who face a lack of affordability, availability, suitability and overall housing quality. Solutions to housing problems must also include services needed to maintain quality of life and support continued residence in the community. The integration of supportive services with suitable physical housing can forestall or prevent the need for institutionalization or more extensive home care. We must find ways to expand service-rich housing which has been found to reduce the frequency of hospital and nursing home admissions and the number of days spent in such facilities.

Resolution:

- Increase financial assistance for home and community-based services on the federal and state levels to support aging in place for the majority of older adults who want to stay in their homes.
- Develop new residential models of housing that meet universal design standards, including new housing that is accessible, adaptable and affordable for the increasingly diverse older adult population.
- Support the conversion of public housing for older adults into supportive housing and increase the number of service coordinators provided in housing facilities.
- Increase the supply of senior housing and preserve, modernize and make the current inventory accessible.
- Provide incentives and tax credits to expand housing available to low- and/or moderate-income older adults.

- Encourage more helpful household arrangements through incentives for making home modifications that help older adults remain independent in their homes.

WHCOA Topic Area: Our Community**Issue: Addressing the Unique Needs of Culturally Diverse Older Persons**

Overview of Current Issue Status: Minority populations are expected to represent 25% of the older adult population by 2030.

Challenges: Minority older Americans tend to have poorer health status and are disproportionately at risk of preventable, costly chronic diseases and disabilities. The rapid growth and increasing diversity of the elderly population in the United States brings opportunities and challenges for the Aging Network to create and deliver culturally competent services.

Resolution:

- Recognize and address the unique needs of culturally diverse older persons, including minorities, ethnic groups, persons with disabilities, alternative lifestyles, and communication barriers in planning and service delivery.
- Include a national education and training program for the Aging Network under Title IV Education and Training in the reauthorization of the Older Americans Act that would reinforce and broaden the capacity of Aging Network leaders to meet the needs of a diverse older population.
- Increase availability of culturally and linguistically appropriate educational materials to ensure awareness of and access to services for older adults and their caregivers.
- Enhance the capacity of the Aging Network to implement evidence-based disease prevention programs, nutrition programs, and other supportive services that are relevant and responsive to a diverse older population.